Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

PETROLEUM ENGINEER

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	ON DIVISION		
2040 Pacheco St.		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		30-025-27785	ise
DISTRICT III			,	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			sState Oil & Gas Lea	se No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Grand Communication of the Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7-Lease Name or Unit Agreement Name	
Type of Well:	-101) FOR SUCH PROPOSALS.)		Simms 35 State	
OIL GAS WELL WELL	OTHER		Girinio de Giale	
² Name of Operator Trilogy Operating, Inc.			₅Weil No. 2	
3Address of Operator			Pool name or Wildca Pool name or Wildca	
PO Box 7606, Midland, TX 79708				offcamp/Osudo Morrow West
4Well Location	•			
Unit LetterJ :1980	Feet From The South	Line and1980	Feet From The	East Line
Section 35		Range 35E	NMPM	Lea County
	¹⁰ Elevation (Show whether DF, 3682' GR	RKB, RT, GR, etc.)	·	
11 Check Ap	opropriate Box to Indicate Na	ature of Notice, Rep	ort, or Other D)ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS.	PLUG AND ANBANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	·	1 EGG / MG / MGANDONINENT
OTHER: Acres Dedication	X	OTHER:	·	
¹² Describe Proposed or Completed Operation: work) SEE RULE 1103.	s (Clearly state all pertinent details, and give	pertinent dates, including esti	imated date of starting	any proposed
1100.				
0000001100, 1-20-0, N-30-E, Lea CO	n the existing Spacing units for its Sounty, New Mexico to the East half (simms 35 State #2 well fi (E/2) of Section 35. T-20	rom the current un	it of the South half (S/2) of
attached represent new acreage de	dication.		0,1100 2,200 0	ounty, New Mexico. Flat
			1.60	7324252676
				-
I hereby certify that the information above is t	rue and complete to the best of my knowled	ge and belief.		
SIGNATURE A.		LE President		DATE 05-16-2002
TYPE OR PRINT NAME Jerry A. Weant				TELEPHONE NO. 915-686-2027
(This space for State Use)				
APPROVED BY	тп	LE <u>ORIGINAL SI</u>	GNED BY	
CONDITIONS OF APPROVAL, IF ANY:		PAUL F. K		MAY 22 2002

District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 South First, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

District IV 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT WELL LOCATION AND ACREAGE DEDICATION PLAT API Number 2Pool Cod e 3Pool Name 30-025-27785 80080 and 82240 Southeast Lea Wolfcamp/Osudo Morrow West Sims Simms 35 State 4Property Code ₅Property Name «Well Number 25443 2 7OGRID No. Operator Name ∍Elevation 021602 Trilogy Operating, Inc. 3682 [™]Surface Location UL or lot no Section Township Range Lot Idn Feet from the North/South line Feet from the East/West Line County J 35 20\$ 35E 1980 South 1980 East Lea "Bottom Hole Location If Different From Surface UL or lot no Section Township Range Lot Idn Feet from the North/South line Feet from the East/West Line County 12Dedicated Acres 13Joint or Infill 14Consolidation Code 15Order No. 320 NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION "OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Jerry A. Weant **Printed Name** President 05-16-2002 Date "SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat 1980 was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer: Certificate Number